STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

BONAVENTURE OF EAST WENATCHEE LLC
BONAVENTURE OF EAST WENATCHEE
3425 Boone Rd., SE
SALEM, OR 97317

RE: BONAVENTURE OF EAST WENATCHEE License # 2026

Dear Administrator:

This letter addresses Compliance Determination(s) 80023 (Completion Date 07/13/2026) and 75625 (Completion Date 05/11/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/13/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2660-1, WAC 388-78A-2450-2-d, WAC 388-78A-3140-1, WAC 388-78A-3140-2

The Department staff who did the off-site verification:
Nicole Mcgraw, Community Complaint Investigator

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

Residential Care Services
Investigation Summary Report

Provider/Facility: BONAVENTURE OF EAST WENATCHEE
Provider Type: Assisted Living Facility
License/Cert.#: 2026
Intake ID: 214849
Compliance Determination #: 75625
Region/Unit #: RCS Region 1 / Unit G
Investigator: Nicole Mcgraw
Investigation Date(s): 03/30/2026 through 05/11/2026
Complainant Contact Date(s):

Allegation(s):
A resident to resident altercation

Investigation Methods:

Sample:	Total residents: 82 Resident sample size: 82 Closed records sample size: 1
Observations:	Environment, Cares, Resident to resident interactions, Staff availabiity and response to resident's needs.
Interviews:	Residents, Staff and others not associated with the facility.
Record Reviews:	Characteristic roster, Resident records, Facility policy, Facility incident report and investigation

Investigation Summary:
Observations showed resident to resident interactions were appropriate and respectful. Staff were observed to be available and responsive to the residents' needs. Staff interview and record review showed the facility intervened during the resident to resident altercation, made all notifications and reviewed and updated the resident's care plan as needed. The facility failed to cooperate with the department during an investigation and provide requested records to the department. Failed Practice Identified, Washington Administrative Code (WAC) 388-78A-3140(1)(2).

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Residential Care Services
Investigation Summary Report

Provider/Facility: BONAVENTURE OF EAST WENATCHEE
Provider Type: Assisted Living Facility
License/Cert.#: 2026
Intake ID: 218350
Compliance Determination #: 75625
Region/Unit #: RCS Region 1 / Unit G
Investigator: Nicole Mcgraw
Investigation Date(s): 03/30/2026 through 05/11/2026
Complainant Contact Date(s):

Allegation(s):
There was a fire at the facility.

Investigation Methods:

Sample:	Total residents: 82 Resident sample size: 82 Closed records sample size: 1
Observations:	Fire alarm system
Interviews:	Facility staff
Record Reviews:	Characteristic roster, Fire & Disaster Manual, Facility incident report and investigation, DSFM Report.

Investigation Summary:
Observations showed the facility's fire alarm system was online and functioning correctly. Interview and record review showed the facility had a fire in their commercial laundry room on 03/28/2026, the facility had evacuated the facility, made all notification and followed their policies. The facility failed to cooperate with the department during an investigation and provide requested records to the department. Failed Practice Identified, Washington Administrative Code (WAC) 388-78A-3140(1)(2).

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Residential Care Services
Investigation Summary Report

Provider/Facility: BONAVENTURE OF EAST WENATCHEE
Provider Type: Assisted Living Facility
License/Cert.#: 2026
Intake ID: 219179
Compliance Determination #: 75625
Region/Unit #: RCS Region 1 / Unit G
Investigator: Nicole Mcgraw
Investigation Date(s): 03/30/2026 through 05/11/2026
Complainant Contact Date(s):

Allegation(s):
A resident to resident altercation.

Investigation Methods:

Sample:	Total residents: 82 Resident sample size: 82 Closed records sample size: 1
Observations:	Environment, Cares, Resident to resident interactions, Staff availabiity and response to resident's needs.
Interviews:	Residents, Staff and others not associated with the facility.
Record Reviews:	Characteristic roster, Resident records, Facility policy, Facility incident report and investigation

Investigation Summary:
Observations showed resident to resident interactions were appropriate and respectful. Staff interview and record review showed the facility failed to document and retain 12 weeks, weekly staffing schedules as worked, cooperate with the department during an investigation and provide requested records to the department, and failed to provide proper written discharge notice. Failed Practice Identified, Washington Administrative Code (WAC) 388-78A-2450(2)(d), WAC 388-78A-3140(1)(2), WAC 388-78A-2660(1).

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 03/30/2026, 03/31/2026 and 04/10/2026 of:

BONAVENTURE OF EAST WENATCHEE
50 29TH STREET NW
EAST WENATCHEE, WA 98802

This document references the following complaint number(s): 214849, 218350, 219179

The following sample was selected for review during the unannounced on-site visit: 82 of 82 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Nicole Mcgraw, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2026	Compliance Determination # 75625
Plan of Correction	BONAVENTURE OF EAST WENATCHEE	Completion Date
Page 2 of 6	Licensee: BONAVENTURE OF EAST WENATCHEE LLC	05/11/2026

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Laura Williams-Davis
Residential Care Services

05/20/2026
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

5.30.26
Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to issue a written discharge notice for a resident who was not accepted back to the facility for 1 of 1 resident (Resident 1). This failure resulted in Resident 1 losing their place of residence without proper notification or information on their options.

Findings included...

RCW (Revised Code of Washington) 70.129.110(3)(b), Disclosure, transfer, and discharge requirements -- Before a long-term care facility transfers or discharges a resident, the facility must notify the resident and resident representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.

Review of Resident 1's incident report, dated [redacted] 2026, showed Staff B, Resident Care Coordinator (RCC), documented that the resident was not able to return to the facility due to their behaviors.

In an interview on 04/10/2026 at 10:30 AM, Staff A, Assistant Executive Director, stated Resident 1 was not readmitted to the facility due to the facility not being able to meet the resident's needs. Staff A acknowledged they did not issue a written discharge notice to the resident or their representative after Resident 1 was admitted to the hospital on [redacted] 2026 and the facility declined to readmit Resident 1.

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Statement of Deficiencies	License #: 2026	Compliance Determination # 75625
Plan of Correction	BONAVENTURE OF EAST WENATCHEE	Completion Date
Page 3 of 6	Licensee: BONAVENTURE OF EAST WENATCHEE LLC	05/11/2026

In an interview on 04/27/2026 at 4:25 PM, Collateral Contact 1 (CC1), Resident Representative, stated they never received a written discharge notice from the facility.

This is a recurring deficiency previously cited on 11/15/2024.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, BONAVENTURE OF EAST WENATCHEE is or will be in compliance with this law and / or regulation on (Date) 6·25·26 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) 5·30·26 Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(d) Document and retain for 12 weeks, weekly staffing schedules, as planned and worked;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure weekly staffing schedules were documented and retained as planned and as worked for 12 weeks. This failure placed the facility at risk for unmanaged schedules and assessing staffing needs.

Findings included...

Record review of electronic mail (email) dated 04/13/2026 at 8:25 AM, from representative of the department to Staff A, Assistant Executive Director, and Staff C, Executive Director, showed the department requested staff schedules for the memory care as worked for the 12 weeks.

Record review on 05/05/2026 at 11:00 AM, Staff schedules reviewed for December 2025 through May 2026, showed a 7 day schedule the was to repeat for the month. Review of the schedules did not show updates for schedules as worked.

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Statement of Deficiencies	License #: 2026	Compliance Determination # 75625
Plan of Correction	BONAVENTURE OF EAST WENATCHEE	Completion Date
Page 4 of 6	Licensee: BONAVENTURE OF EAST WENATCHEE LLC	05/11/2026

Staff interview on 05/05/2025 at 6:14 PM, Staff A, stated they did not have documentation of weekly schedules as planned and as worked for the previous 12 weeks, and they could not provide documented weekly schedules with specifics about shift times that were actually worked versus what was planned.

As of 05/11/2026 at 11:50 AM, staff schedules, as worked, for previous 12 weeks, had not been received by the department.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, BONAVENTURE OF EAST WENATCHEE is or will be in compliance with this law and / or regulation on (Date) 6·25·26 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — Date: 5·30·26

WAC 388-78A-3140 Responsibilities during inspections. The assisted living facility must:

(1) Cooperate with the department during any on-site inspection or complaint investigation;

(2) Provide requested records to the representatives of the department; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide requested records to the representative of the department for 1 of 1 investigation (Investigation 1). This failure resulted in a delayed investigation by the department.

Findings included...

In an interview on 04/10/2026 at 10:30 AM, Staff A, Assistant Executive Director, was provided a records requested by the department during an investigation, they stated they would work on getting the remaining records they were not able to obtain and get them sent to the representative of the department with the assistance of Staff C, Executive Director. The records not received were:
>Fire Incident Policy.
>Fire Incident Report and investigation, dated 03/28/2026.
>Resident 1's facility assessment.

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>Resident 1's Resident to resident Incident Report and investigations with temporary service plans, dated 11/09/2025, 03/02/2026, 03/31/2026, 04/04/2026.
>Resident 2's assessment.
>Resident 2's resident to resident temporary service plan (TSP).
>Resident 3's facility assessment.
>Resident 3's resident to resident incident TSP.

Record review of electronic mail (email) dated 04/13/2026 at 8:25 AM, from representative of the department to Staff A and Staff C, showed the department requested policies on discharge, staffing, monitoring and staff schedules for the memory care, as worked for the prior six months.

Record review of email dated 04/14/2026 at 3:07 PM, from representative of the department to Staff A and Staff C, showed the department sent the email to follow up on the records requested on 04/13/2026.

Record review of email dated 04/21/2026 at 2:10 PM, from representative of the department to Staff C, showed the department had emailed to follow up on the records request list that was given to Staff A on 04/10/2026.

Record review of email dated, 4/21/2026 at 4:15 PM, from representative of the department to Staff A, Staff B and Staff C, showed the department sent an email to follow up on the requested documents, to be sent as soon as possible, that had not yet been received that were listed on the original records request given to Staff A on 04/10/2026:
>Fire incident report and investigation
>Fire incident policy
>Resident 1's Assessment and TSP for a resident to resident altercation.
>Resident 2's Assessment and TSP for a resident to resident altercation.
>Resident 3's Assessment and TSP for a resident to resident altercation.

Record review of email dated 04/23/2026 at 8:10 PM, showed Staff C sent the Fire Incident documentation and policy to the representative of the department, 11 days after it was initially requested.

Record review of email dated 04/28/2026 at 6:08 PM, from representative of the department to Staff A, Staff C, and Staff D, Regional Director of Operations, showed a follow up email to inform Staff A and Staff B that the department still had not received the facility's policies on discharge, staffing and monitoring and staff schedules as worked in memory care for the prior six months.

Record review of email dated 05/01/2026 at 11:49 AM, from representative of the department to Staff A, Staff B and Staff C, showed the department still had not received the facility's policies on discharge, staffing and monitoring and staff schedules as

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worked in memory care for the prior 12 weeks.

Record review of an email from Staff C, dated 05/01/2026 at 12:50 PM, showed they did not know what requested records had not been received by the department. The representative of the department responded to the email with the list of the records that the department had not received which included facility policies on discharge, staffing and monitoring and staff schedules as worked in memory care for the prior 12 weeks.

Record review of an email dated 05/06/2026 at 11:21 AM, showed the department had sent an email to Staff C following up on the records request for 12 weeks of documented weekly staff schedules as planned and as worked.

Record review showed that as of 05/11/2026 at 1:30 PM, the department had not received the following records from the facility.
>Policies for discharge, staffing and monitoring.
>Staff schedules as worked in the memory care for the prior 12 weeks.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, BONAVENTURE OF EAST WENATCHEE is or will be in compliance with this law and / or regulation on (Date) 6-25-26.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) Date 5-30-26

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worked in memory care for the prior 12 weeks.

Record review of an email from Staff C, dated 05/01/2026 at 12:50 PM, showed they did not know what requested records had not been received by the department. The representative of the department responded to the email with the list of the records that the department had not received which included facility policies on discharge, staffing and monitoring and staff schedules as worked in memory care for the prior 12 weeks.

Record review of an email dated 05/06/2026 at 11:24 AM, showed the department had sent an email to Staff C following up on the records request for 12 weeks of documented weekly staff schedules as planned and as worked.

Record review showed that as of 05/11/2026 at 1:30 PM, the department had not received the following records from the facility,
>Policies for discharge, staffing and monitoring.
>Staff schedules as worked in the memory care for the prior 12 weeks.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, BONAVENTURE OF EAST WENATCHEE is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date

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